

INDIANA BOARD OF ACCOUNTANCY
Indiana Professional Licensing Agency
302 West Washington Street, Room E034
Indianapolis, Indiana 46204
Tele: 317-234-3040
Fax: 317-233-5559
Email: pla11@pla.IN.us

To: **NOTIFICATION APPLICANT**

Indiana Code 25-2.1-4-10(a), an individual whose principal place of business is NOT in Indiana and who either has a valid certificate as a CPA from any state that the board or its designee has determined to be in substantial equivalence with the CPA licensure requirements of this state or has individual CPA qualifications that have been determined by the board or its designee as substantially equivalent to the CPA licensure requirements of Indiana shall be presumed to have qualifications substantially equivalent to this state's requirements and shall have all the privileges granted to the holder of a CPA certificate under IC 25-2.1-3 or a permit under IC 25-2.1-5. However, such individual shall notify the Board of the individual's intent to conduct business in the state.

An individual of another state exercising the privileges granted under Indiana Code 25-21-4-10(a) consents, as a condition of this privilege, to:

- (1) the personal and subject matter jurisdiction and disciplinary authority of the board;
- (2) comply with Indiana Code 25-2.1 and the board's rules; and
- (3) appointment of the state board or agency on whom process may be served in any action or proceeding by this board against the individual.

If you will be coming in to the State of Indiana to practice accountancy, you must, prior to practicing in Indiana, notify the board by filing the following. This is NOT a license or permit for the firm to practice in Indiana.

- (1) A completed, notarized Notice of Intent to Practice Accountancy in Indiana.
- (2) Certification of your CPA certificate of registration from the jurisdiction that issued the certificate. This certification must be an original copy with the state's seal.

Pursuant to 872 IAC 1-5-1, an individual exercising the privileges under Indiana Code 25-2.1-4-10 shall renew with the board his or her notice of intent no later than **January 2 of each year** by submitting the *Notice of Intent to Practice Accountancy in Indiana*. The notice of intent shall be amended within thirty (30) days after the individual changes his or her principal place of business or within thirty (30) days after the out-of-state certificate of registration has been denied, revoked or suspended in any jurisdiction. An individual who previously exercised the privileges under Indiana Code 25-2.1-4-10 but no longer holds a valid certificate of registration in another state or whose principal place of business becomes Indiana may no longer exercise those privileges without obtaining an Indiana CPA certificate.

Questions regarding notification should be directed to the above address in writing. Thank you for your cooperation with this office.

TO AVOID UNNECESSARY DELAYS IN THE PROCESSING OF YOUR REQUEST PLEASE SUBMIT A COMPLETED APPLICATION TO INCLUDE ALL REQUIRED DOCUMENTATION.

Indiana Board of Accountancy

Enclosure

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NOTICE OF INTENT TO PRACTICE ACCOUNTANCY IN INDIANA

This form applies ONLY to CPAs whose qualifications are substantially equivalent pursuant to IC 25-2.1-4-10.

Mark applicable box:

- ☐ New Registrant
☐ Renewal
☐ Amended

APPLICANT INFORMATION

Name of Applicant	CPA Certificate Number
Business Address (street and number)	Telephone Number
City, State and Zip Code	Firm Permit License <i>(if any)</i>

LICENSE INFORMATION

Please include a certification of the CPA certificate of registration from the jurisdiction that issued the certificate and complete the following:

CPA certificate number _____ dated _____ from the _____ Board of Accountancy is held by me and I am subject to NO disciplinary action by this Board. I hold a license/permit from this Board for the period ending _____ which allows me the unrestricted privilege to use the CPA title and to practice accountancy in this Board's jurisdiction.

AMENDMENT INFORMATION

Please indicate the status of your certificate of registration.

- ☐ Denied
☐ Revoked
☐ Suspended

(Continued on the reverse side)

AFFIDAVIT OF APPLICANT

I have read IC 25-2.1 and rules 872 IAC 1 and do understand the law and rules of the Board applicable to all CPAs, particularly those about Professional Ethics and Conduct, and the Continuing Education requirements, and agree to be governed by the laws and rules aforementioned. I meet the requirements to apply for an Indiana CPA certificate under substantial equivalency pursuant to IC 25-2.1-4-10. I understand that I am waiving any claim of confidentiality or privacy regarding disclosure of such public records. I authorize the Board to make such investigation inquiries it deems necessary and release from liability all parties responding to such inquiries. I affirm, under penalties of perjury that the information, statements, and any attachments made in conjunction with this application are true, correct and complete.

I hereby request and authorize the _____ Board of Accountancy to provide any and all pertinent information requested in this form to the Indiana Board of Accountancy.

Signature of applicant

Date (month, day, and year)

STATE OF _____

COUNTY OF _____

Before me, a Notary Public, personally appeared _____ who subscribed and sworn to the foregoing.

Name of Applicant

Signature of Notary Public

Printed or typed name of Notary Public

Date subscribed and sworn to Notary Public

County of Residence

Date commission expires